POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	167	7572	
O.I.P.E. CLASSIFIER	J (u)	1400	9/15/00
FORMALITY REVIEW	mm.	1780	10/17/00
RESPONSE FORMALITY REVIEW		1	1-10/2/

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date	Claim Date	Claim	Date
Pinal Solidinal Color of Maria	Final Original Sick	Final Original	
[[1]]]]]]]	51	101	
2/11	52	102	
3 / \	S)////////////////////////////////////	103	
4/1/	54	104	
5 / / /	55 🗸	105	
6 / 1	56	106	
7	57 /	107	
8 1	58	108	
9/11	59 /	109	
	60 /	110	
12,/	62 /	111	-
13 7	63 /	112	
	64 7	114	
15/1	65 /	115	
16	46ED / 1111	116	
	67 /	117	
18 (/	68 /	118	
19 7	69	119	
20 🗸	70 /	120	
21 /	71/	121	- - - - - -
22 🗸	72 /	122	
23 /	73 /	123	
24 🗸	74 🗸	124	
25 🗸	75	125	
26 / 11	76 J	126	
27//		127	
28 🗸	78	128	
30 /	79	129	
30 / / / / / / / / / / / / / / / / / / /	80	130	- - - - - -
32 7	82	131	
	83	133	-
34 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	84	134	┤┤┤┥
35 /	85	135	
36 /	86	136	
37 🗸	87	137	
38 /	88	138	
39 🗸	89	139	
(40)/	90	140	
11/1	91	141	
42 /	92	142	
43 🗸	93	143	
44 /	94	144	
45 🗸	95	145	
46 /	96	146	
47 1	97	147	
48 🗸	98	148	
	99	149	┷┼╌┼╌┼╌┼╌┼╌┼╌
50 / 1/1	100	150	

Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here